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Bib Data Sheet

CONFIRMATION NO. 7975

|  |   |                               |   |  |
|--|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/079,283   | <b>FILING DATE</b><br>02/19/2002<br><b>RULE</b>   | <b>CLASS</b><br>707           | <b>GROUP ART UNIT</b><br>2171   | <b>ATTORNEY DOCKET NO.</b><br>83959RLO |
| <b>APPLICANTS</b><br>Elena A. Fedorovskaya, Pittsford, NY;<br>Serguei Endrikhovski, Rochester, NY;<br>Tomasz A. Matraszek, Pittsford, NY;<br>Kenneth A. Parulski, Rochester, NY;<br>Jose M. Mir, Penfield, NY;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br><br><b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 03/18/2002</b>   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>NY | <b>SHEETS DRAWING</b><br>6  | <b>TOTAL CLAIMS</b><br>20              |
| <b>INDEPENDENT CLAIMS</b><br>3   |   |                               |   |  |
| <b>ADDRESS</b><br>Thomas H. Close<br>Patent Legal Staff<br>Eastman Kodak Company<br>343 State Street<br>Rochester, NY 14650-2201   |   |                               |   |  |
| <b>TITLE</b><br>Method for using viewing time to determine affective information in an imaging system  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>740  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |